

SECTION 5 SERVICE REQUIREMENTS/SCOPE OF WORK

This section sets forth the general requirements that the Qualified Vendor shall comply with in the delivery of Qualified Vendor Agreement (“QVA” or “Agreement”) services. The Qualified Vendor shall also comply with the requirements in Section 7, *Service Specifications*, for each service identified in the Qualified Vendor Agreement Award Notice, as well as Section 6, *DES/DDD Standard Terms and Conditions for Qualified Vendors*, and all other provisions of the Request for Qualified Vendor Applications (“RFQVA”).

5.1 Provider Qualifications

The Qualified Vendor shall meet all applicable license/certification requirements and standards throughout the term of the Agreement, including the following:

- 5.1.1 If required in statute or regulation, the Qualified Vendor shall have the appropriate current Arizona license and fully comply with all licensing requirements prior to the delivery of service. Payment will not be made for services delivered prior to the issuance of the license.
- 5.1.2 The Qualified Vendor shall be certified by the Division as a home and community-based provider pursuant to Arizona Administrative Code (“A.A.C.”) Title 6, Chapter 6, Article 15, prior to the delivery of service. Payment will not be made for services delivered prior to the date of certification.
- 5.1.3 The Qualified Vendor shall be registered as a provider with the Arizona Health Care Cost Containment System Administration (“AHCCCSA”) prior to the delivery of service. Payment will not be made for services delivered prior to the date of registration.
- 5.1.4 Qualified Vendors that provide nursing and/or occupational, physical, or speech therapy services shall also obtain a National Provider Identifier (“NPI”) and submit their NPI to AHCCCSA. This requirement also applies to the individual practitioners who actually deliver the services in addition to the Qualified Vendors. An NPI can be obtained at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.
- 5.1.5 Qualified Vendors that are considered as Group Billers by AHCCCSA shall also ensure that they obtain a Provider Participation Agreement from each individual practitioner who actually delivers the services. Currently, this only applies to Qualified Vendors that deliver occupational, physical, or speech therapy services. Please refer to <http://azahcccs.gov/commercial/ProviderRegistration/registration.aspx>.
- 5.1.6 The Qualified Vendor shall comply with A.A.C. Title 6, Chapter 6, Article 9, Managing Inappropriate Behaviors.
- 5.1.7 The Qualified Vendor shall comply with all applicable Federal and State laws, including, but not limited to, the statutory, regulatory, and policy provisions cited in the QVA.

- 5.1.8 The Qualified Vendor shall comply with applicable Division policies, procedures and administrative directives, which are posted on the Division's website at <http://www.azdes.gov/ddd/>.
- 5.1.9 As needed to effectively implement the service, the Qualified Vendor will be able to communicate effectively with the Division member/family/member's representative (e.g., American Sign Language or Spanish). Minimally, establishing an effective communication strategy is a primary consideration in accepting a referral. This may include utilizing alternative communication strategies (e.g., written versus spoken language), using a volunteer or paid translator, or recruitment of staff who speak different languages. Qualified Vendor Agreements shall comply with all applicable requirements of state and federal law. Title VI of the Civil Rights Act of 1964, as amended, 42 United States Code ("U.S.C.") § 2000d *et seq.*, prohibits discrimination based on national origin. Failing to take reasonable steps to ensure meaningful access to Medicaid services for persons with limited English proficiency is a form of national origin discrimination prohibited by Title VI.
- 5.1.10 When transportation of the member is provided or is part of the service delivery:
- 5.1.10.1 The vehicle in which transportation is provided shall have valid vehicle registration and license plates and, at a minimum, the level of liability insurance required by the State of Arizona's Department of Administration, Risk Management Division.
 - 5.1.10.2 The vehicle shall be maintained in a safe, working order, and is equipped with a working heating and air conditioning system, and a first aid kit.
 - 5.1.10.3 The vehicle shall be constructed for the safe transportation of the members. All seats shall be fastened to the body of the vehicle and individual(s) properly seated when the vehicle is in operation. The vehicle shall have operational seat belts installed and be operational for safe passenger utilization. When transporting, members shall be securely fastened in age- and weight-appropriate restraints, as required by State law.
 - 5.1.10.4 Members with special mobility needs shall be provided transportation in a vehicle adapted to those needs as required to facilitate adequate access to service.
 - 5.1.10.5 If the vehicle is used to transport members in wheelchairs, it shall also be equipped with floor-mounted seat belts and wheelchair lock-downs for each wheelchair that it transports.
 - a. Persons transporting members using wheelchairs shall have documentation that they have completed orientation on appropriate use of floor-mounted seat belts, wheelchair lock-downs, and wheelchair lifts.

- 5.1.10.6 Persons providing transportation shall be a minimum of eighteen (18) years of age and possess and maintain a valid driver license.
- 5.1.10.7 The Qualified Vendor shall review driving records periodically to ensure driver qualifications.
- 5.1.10.8 The Qualified Vendor shall ensure that its Home and Community-Based Certification includes meeting transportation requirements.
- 5.1.10.9 The Qualified Vendor shall ensure sufficient staff is provided to ensure the health and safety of all members being transported, including boarding and unboarding supervision.
- 5.1.10.10 The Qualified Vendor shall ensure that all methods of transportation allow for two-way radio or a cellular phone that is adequate for the range of vehicle utilization, as appropriate.
- 5.1.11 The Qualified Vendor shall comply with the requirements of Arizona Revised Statutes (“A.R.S.”) § 8-804, which requires that all direct care staff are submitted to the Central Registry for background checks for employment. References to “juvenile” in A.R.S. § 8-804 shall also include “vulnerable adult” as defined in A.R.S. § 13-3623. A form for submitting the request is included as Section 9, Attachment G to this RFQVA. Use of this form is optional; however, Applicants shall submit the information in a format that includes the information contained in Section 9, Attachment G.
- 5.1.12 The Qualified Vendor shall have on file three (3) verifiable letters of reference for each direct care staff that clearly state the name, address, and phone number of the person providing the reference and make them available upon request to the Division [A.A.C. R6-6-1540 (D)].

5.2 Staffing

- 5.2.1 The Qualified Vendor shall have a plan for the recruitment, initial and ongoing training, retention and monitoring of direct service staff.
- 5.2.2 The Qualified Vendor shall ensure that each direct service staff meets the qualifications, training, and responsibilities in A.A.C. R6-6-1520 through 1533, as applicable.
- 5.2.3 The Qualified Vendor shall ensure that no direct service staff work unsupervised with members until all required training has been completed.
- 5.2.4 The Qualified Vendor shall ensure that all direct service staff are appropriately trained to meet the special needs of the particular member being served (e.g., behavioral or medical challenges).

- 5.2.5 The Qualified Vendor shall ensure that staff are trained and supported to effectively meet the variety of needs of the members that the vendor serves, including members with intensive behavioral, physical, and medical challenges.
- 5.2.6 AHCCCSA has implemented a court order under the *Ball v. Betlach* lawsuit related to non-provision of services (“NPS”) for in-home Attendant Care, Homemaker, or Respite. The Qualified Vendor shall have processes in place to ensure that appropriately trained additional staff is available within two (2) hours of being reported when the primary staff person is not available and the service is critical to assure the maintenance of health and safety of the member receiving service. As part of the court order, the Arizona Health Care Cost Containment System (“AHCCCS”) requires a monthly report which outlines when a member has reported a non-provision of service, meaning a service did not happen as scheduled. In addition, the Division has also included Individually Designed Living Arrangement Habilitation and Nursing services in the tracking for gaps in services only, meaning a lack of a provider to meet the agreed-upon scheduled hours of a member. Qualified Vendors shall comply with the AHCCCS Non-Provision of Services reporting requirements as directed by the Division. Please refer to the Division’s website for instructions and forms at www.azdes.gov/ddd. The report is due by the fifth (5th) day of every month whether or not there is an NPS to report.
- 5.2.7 The Qualified Vendor shall routinely monitor and supervise direct service staff to ensure the direct service staff has the skills and abilities to work with the members and have developed a positive relationship with the members, their families or their representatives.

5.3 Training

- 5.3.1 The Qualified Vendor shall ensure that all direct service staff, including those who are a relative of the member served (family member), comply with the following standards and requirements before providing direct services alone with members. The training shall occur no later than ninety (90) calendar days of the date of hire with the agency.
- 5.3.1.1 Hold certification in Cardiopulmonary Resuscitation (“CPR”) and first aid.
- a. Training in CPR and first aid shall be provided or sponsored by a Nationally-recognized organization.
 - b. Training sessions shall be in person for the participant to demonstrate learned skills such as mouth-to-mouth resuscitation, chest compressions, and first aid skills. Web-based training without the benefit of on-site return demonstration of skills is not acceptable.
- 5.3.1.2 Training on Article 9, Managing Inappropriate Behaviors (A.A.C. R6-6-906A.-G.) by instructors certified by the Division. The length of the class shall be no less than three (3) hours.

- 5.3.1.3 As indicated on the member's planning document [i.e., Individual Support Plan ("ISP")], or as requested by the member, member's representative, and/or the Division, training on "Client Intervention Techniques" (also known as "Prevention and Support Training") by an instructor certified by the Division.
- 5.3.1.4 Orientation to the needs of the members served and the operations of the program.
- 5.3.1.5 Training in areas determined by the Division and the Qualified Vendor depending upon the specific needs of the member served and/or of the setting.
- 5.3.1.6 Specialized training as required by the member's planning document.
- 5.3.2 All training completed by direct service staff shall be documented in the direct service staff's personnel record.
- 5.3.3 The Qualified Vendor shall encourage participation of members and members' representative in presenting staff training.
- 5.3.4 The Qualified Vendor shall make all training curriculum available upon the request of the Division. In addition, the Qualified Vendor shall maintain records documenting training for all direct service staff and make those records available upon request by the Division.

5.4 Delivery of Services

- 5.4.1 The member/member's representative has the right and responsibility to choose from the available Qualified Vendors whom they believe will best meet the needs of the member. If services are provided to a group by one provider, such as a group home, the members shall collectively choose the Qualified Vendor.
- 5.4.2 The Qualified Vendor shall, as set forth in each member's planning document, deliver services to members in such a manner that meets the following service goals:
 - 5.4.2.1 To increase or maintain the self-sufficiency of members.
 - 5.4.2.2 To maintain the health and safety of members.
 - 5.4.2.3 To provide services in a manner that supports and enhances the member's independence, self-esteem, self-worth, mutual respect, value, and dignity.
- 5.4.3 The Qualified Vendor shall ensure that in delivering services, specific service-related activities as well as staffing are:
 - 5.4.3.1 Available and provided at any time as specified in the member's planning document.

- 5.4.3.3 Modified appropriately in order to accommodate the changing needs of the member and/or his/her environment.
- 5.4.3.4 Delivered in a manner that takes into consideration the primary language of the member and member's representative as well as any cultural diversity issues.
- 5.4.3.5 Provided according to the personal needs, cultural considerations/preferences, and medical needs of the member.
- 5.4.4 The Qualified Vendor shall ensure that materials, supplies, equipment and activities meet the varied interests, physical needs/abilities, chronological ages and cultural backgrounds of members.
- 5.4.5 The Qualified Vendor shall ensure that services are provided by appropriately qualified and trained staff, including ensuring that all tasks required to be performed by a medical practitioner are performed by a qualified medical practitioner.
- 5.4.6 The Qualified Vendor shall ensure that services are provided in the least restrictive environment.
- 5.4.7 The Qualified Vendor shall ensure that children and adults are not served together unless specifically approved in the child's planning document.
- 5.4.8 Under no circumstances shall more than one (1) type of habilitation service be provided to a member at the same time.
- 5.4.9 Under no circumstances shall direct service staff provide services in more than one (1) service category at the same time to one or more members.
- 5.4.10 The Qualified Vendor shall ensure that Agreement services are provided by paid staff.
- 5.4.11 Arizona Long-Term Care Services ("ALTCS") may not be used in place of or to supplant services provided under the Individuals with Disabilities Education Act, as amended by the Individuals with Disabilities Education Improvement Act of 2004.

5.5 Service (Prior) Authorization

- 5.5.1 Authorization/authorization levels will be set by the Division to reflect the current needs of the member. As member needs change, authorizations/authorization levels may also change. Changes in authorizations and/or authorization levels will not require an amendment to the QVA.
- 5.5.2 Prior authorization is required for all services before service delivery.
- 5.5.3 A prior authorization/authorization level for an extended period, such as the term of the planning document, is subject to change. Qualified Vendors can expect reasonable notice of changes in authorizations/authorization levels for future service delivery.

- 5.5.4 The Qualified Vendor is responsible for verifying that service is authorized prior to providing the service.
- 5.5.5 Authorization is specific to a particular member in a particular setting and is not transferable to other members.
- 5.5.6 Prior to making any changes in the level of service provided (including an increase or decrease in the number of units of service) and/or a change in the setting, the Qualified Vendor shall ensure that it has received the appropriate new authorization from the Division.
- 5.5.7 For the member authorized to receive in-home services, the member/member's representative may request a change in specific caregivers at any time from the Qualified Vendor. If the Qualified Vendor does not or cannot provide an alternative or favored caregiver for in-home services, then it shall be grounds for the Division to approve a change in vendors.

5.6 Vendor Calls and Referrals for Services

- 5.6.1 Vendor Calls. Vendor calls can be used to identify a viable Qualified Vendor.
- 5.6.2 Qualified Vendors should respond to vendor calls if they are interested in serving the needs of the member stated in the vendor call.
- 5.6.3 The Division will confirm that the member's needs can be met by the Qualified Vendor.
- 5.6.4 Referrals for Service. When a Qualified Vendor receives a referral for services, the Qualified Vendor shall:
 - 5.6.4.1 Assess the referred member for the service(s) in the referral and, inform the referral source either in writing or verbally whether the Qualified Vendor has an interest in serving the member.
 - 5.6.4.2 Meet or confer with the member and/or the member's representative prior to the start of service delivery to obtain necessary information and have an orientation to the specific needs of the member, including obtaining all required consents.
 - 5.6.4.3 Ensure that direct service staff has the necessary skills and training as identified in the member's planning document, such as Prevention and Support Training, sign language, etc., to provide services to the member.
 - 5.6.4.4 Obtain payment authorization from the Division prior to the service start date.

- 5.6.5 For emergency referrals, the Division will contact the Qualified Vendor and request an immediate response as to whether the provider can appropriately address the emergency needs of the member.

5.7 Member Planning Document and Related Activities

- 5.7.1 As part of the member's planning process, the Qualified Vendor shall, as appropriate, assist the member's planning team (e.g., ISP/IFSP team) in developing the member's planning document (e.g., ISP/IFSP) and facilitating its implementation. The Qualified Vendor shall support all of the applicable planning document goals and ensure that all applicable objectives are implemented. [See *DES/DDD Policy and Procedure Manual, Chapter 800* (<https://www.azdes.gov/main.aspx?menu=96&id=2844>) for a detailed discussion of the development of the planning document].

5.8 Quality Management Plan

- 5.8.1 The Qualified Vendor shall develop and maintain a quality management plan in order to continuously monitor the delivery of services and to ensure that the services are appropriately meeting the objectives set forth in members' planning documents. The Qualified Vendor shall keep the quality management plan on file and make the plan available to the Division or members/ families/member representatives upon request.
- 5.8.2 The quality management plan shall contain elements that address the following:
- 5.8.2.1 Incident management, corrective action and preventions.
 - 5.8.2.2 Complaints and grievances.
 - 5.8.2.3 Solicitation of input from members, families and/or member representatives including input on member satisfaction, the hiring and/or evaluation of direct service staff, and the improvement of services.
 - 5.8.2.4 Opportunities provided to members/families/member representatives to be actively involved in Qualified Vendor operations.
 - 5.8.2.5 Monitoring and evaluation of services provided (i.e., measurement of outcomes as it relates to the planning document) and the improvement of the quality and appropriateness of services.

5.9 Transition of Members to other Providers

- 5.9.1 There are a number of circumstances under which a Qualified Vendor will become involved in the transitioning of a member to another service provider. All Qualified Vendors shall assist the Division in the transition of the member to the new provider. This may include working closely with the member and family, providing all necessary support services to ensure a smooth transition, and transferring of pertinent records to the

new provider. If the Qualified Vendor participates in a transition placement process, it shall maintain documentation of participation and development of the member's planning document.

5.10 Recordkeeping

5.10.1 The Qualified Vendor shall maintain books and records related to services and expenditures as required by the Division in rule or policy or in this RFQVA, as may be amended. Documents that the Qualified Vendor shall have on file include but are not limited to:

- 5.10.1.1 Articles of Incorporation, partnership agreements and/or Internal Revenue Service letters, as applicable.
- 5.10.1.2 Copies of all licenses and/or certifications.
- 5.10.1.3 Copies of documentation of successfully completed training.
- 5.10.1.4 A current organizational chart that outlines the functional structure of the organization, including all program areas and staff positions.
- 5.10.1.5 If applicable, a complete list of the members of its Board of Directors, partners, or owners as applicable, including names, titles, addresses and phone numbers.
- 5.10.1.6 Current written job descriptions, which include minimum qualifications for training and experience, for each position that will be utilized in the provision of a service under the QVA.
- 5.10.1.7 Current resumes/applications for each person who will be providing services under the QVA. Any documentation regarding personnel actions shall be kept with the person's resume/application.
- 5.10.1.8 Current resumes for administrative/management positions.
- 5.10.1.9 If applicable, documentation of inspections and licenses necessary to operate a residential setting.
- 5.10.1.10 Copies of vehicle maintenance records and safety inspections for all vehicles used to transport members.
- 5.10.1.11 Proof of hours worked by its direct service staff; proof of hours worked shall be set out in time sheets or equivalent documents, or a data system.
 - a. The Qualified Vendor acknowledges that procuring and maintaining proof of hours worked that has been appropriately signed or verified at or near

the time the work is performed comprises a material part of the Qualified Vendor's performance.

- b. The Qualified Vendor agrees that an attestation, affidavit, or other method of proof that is made, signed, or verified after the Qualified Vendor submits the claim for payment will not be considered as proof of hours worked.
- c. Failure to procure and maintain proof of hours worked as set out above and as in "Recordkeeping and Reporting Requirements" of Section 7, *Service Specifications*, for each service shall be sufficient grounds for the Division to deny payment for services claimed but not confirmed as set out above.

5.10.2 The Qualified Vendor shall maintain a file on each member. A member's file should include the following, as applicable:

- 5.10.2.1 Pertinent documents related to the member's planning document, such as the member's planning document and the member's behavioral health treatment plan.
- 5.10.2.2 Record of services rendered (including administration of medications) and the member's response to services.
- 5.10.2.3 Documentation of communications with the member, member's representative, other service providers, the Support Coordinator, etc.
- 5.10.2.4 Copy of the orientation document.
- 5.10.2.5 Copy of the member's attendance sheets.
- 5.10.2.6 Copy of the member's progress reports.
- 5.10.2.7 Documentation of incidents related to the member and/or complaints related to the Qualified Vendor's care of the member and documentation of resolution.
- 5.10.2.8 All required consents, such as General Consent and/or Consent for Use of Behavior Modifying Medications.

5.10.3 All records created and maintained by the Qualified Vendor that pertain to the member shall be made available to the member or his/her legal representative for a period of six (6) years after the Qualified Vendor received its final payment. Upon request, the Qualified Vendor shall produce a legible copy of any or all such records at no cost to the member or his/her legal representative. The member is limited to one (1) free copy per

year. All records created and maintained by the Division shall be made available to the member or his/her legal representative from the Division.

5.11 Application and Use of RateBook and Billing Manual

- 5.11.1 In accordance with A.R.S. § 36-557.K, the Division has published a RateBook describing the rates and rate structure for services described in this RFQVA. The *RateBook* is available on the Division's website at <http://www.azdes.gov/ddd/>. The *RateBook*, including any updates, is incorporated by reference into this RFQVA. Qualified Vendors shall be paid the applicable rates as reflected in the RateBook.
- 5.11.2 The Division acknowledges that the rate models used to determine the Benchmark Rates do not necessarily reflect actual cost profiles. Actual patterns of expenditures by Qualified Vendors may be different from those outlined in a given rate model. The Division recognizes that assumptions in the rate models may need to be updated over time.
- 5.11.3 The Division has also published a billing instruction manual. The manual specifies the billing requirements that shall be followed by providers in order to file a claim for services under this RFQVA. The billing instruction manual is available on the Division's website. The billing instruction manual, including any updates, is incorporated by reference into this RFQVA. Throughout the term of the contract, the Division's billing codes, billing units and associated billing rules are subject to change. All billing codes, billing units and associated billing rules are posted on the Division's website at <http://www.azdes.gov/ddd/>.